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| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br>Address to:<br>Mail Stop RCE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application No.      | 10/002,274      |
|  | Filing Date          | June 24, 2003   |
|  | First Named Inventor | HANSEN, Melf    |
|  | Group Art Unit       | 3834            |
|  | Examiner Name        | PUROL, David M. |
|  | Attorney Docket No   | 223154          |

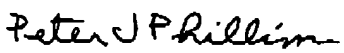
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

|  |                                      |       |                                    |                      |        |                 |        |                 |
|--|--------------------------------------|-------|------------------------------------|----------------------|--------|-----------------|--------|-----------------|
| <b>1. Submission required under 37 CFR 1.114</b><br>a. <input checked="" type="checkbox"/> Previously submitted<br>i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on February 3, 2005<br>(Any unentered amendment(s) referred to above will be entered.)<br>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on<br>iii. <input type="checkbox"/> Other:<br>b. <input type="checkbox"/> Enclosed<br>i. <input type="checkbox"/> Amendment/Reply<br>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)<br>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)<br>iv. <input type="checkbox"/> Form PTO-1449<br>v. <input type="checkbox"/> Copies of References listed in Form PTO-1449<br>(except for U.S. patents and applications)<br>vi. <input type="checkbox"/> Other:   |                                      |       |                                    |                      |        |                 |        |                 |
| <b>2. Miscellaneous</b><br>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)<br>b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27<br>c. <input type="checkbox"/> Other:   |                                      |       |                                    |                      |        |                 |        |                 |
| <b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.<br>a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.<br>i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e) <span style="float: right;">\$790.00</span><br>ii. <input checked="" type="checkbox"/> Two-month extension of time fee of \$450.00 (37 CFR 1.136 and 1.17) <span style="float: right;">\$450.00</span><br>iii. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.<br>iv. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))<br>v. <input type="checkbox"/> Other:<br>vi. <input type="checkbox"/> Claim fee |                                      |       |                                    |                      |        |                 |        |                 |
| CLAIM FEE  | CLAIMS REMAINING AFTER AMENDMENT     |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE   | ADD'L CLAIM FEE | RATE   | ADD'L CLAIM FEE |
| TOTAL  |                                      | MINUS |                                    | =                    | x 25=  | \$              | x 50=  | \$              |
| INDEPENDENT  |                                      | MINUS |                                    | =                    | x 100= | \$              | x 200= | \$              |
| <input type="checkbox"/>   | FIRST PRESENTATION OF MULTIPLE CLAIM |       |                                    |                      | + 180= | \$              | + 360= | \$              |
| Claim fee total  |                                      |       |                                    |                      |        |                 |        |                 |
| Total amount to be charged to Deposit Account  |                                      |       |                                    |                      |        |                 |        | \$1,240.00      |
| b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216   |                                      |       |                                    |                      |        |                 |        |                 |

Received: 04/05/05

In re Application of  
Application No.

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED |  |                                   |  |
|--|--|-----------------------------------|--|
| Name (Print/Type)                                  | Dennis R. Schlemmer  | Registration No. (Attorney/Agent) | 24,703   |
| Signature  |   | Date                              | April 1, 2005  |
| Address  | Leydig, Voit & Mayer, Ltd.<br>Two Prudential Plaza, Suite 4900<br>180 North Stetson Avenue<br>Chicago, Illinois 60601-6780 | Phone                             | (312) 616-5800 (telephone)<br>(312) 616-5700 (facsimile) |

| CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8   |   |      |               |
|---|---|------|---------------|
| I hereby certify that this RCE Transmittal and any accompanying documents is, on the date indicated below, <input type="checkbox"/> being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. or <input checked="" type="checkbox"/> being facsimile transmitted to the U.S. Patent and Trademark Office at facsimile number (703) 872-9306. |   |      |               |
| Name (Print/Type)   | Peter J Phillips  |      |               |
| Signature   |  | Date | April 1, 2005 |

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RCE Transmittal (Revised 3/1/05)

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**1. Submission required under 37 CFR 1.114**

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on February 3, 2005  
(Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☐ Other:
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Form PTO-1449
- v. ☐ Copies of References listed in Form PTO-1449  
(except for U.S. patents and applications)
- vi. ☐ Other:

**2. Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(l) required.)
- b. ☐ Applicant claims small entity status. See 37 CFR 1.27
- c. ☐ Other:

**3. Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.


- a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.
- i. ☒ RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)
- ii. ☒ Two-month extension of time fee of \$450.00 (37 CFR 1.136 and 1.17)
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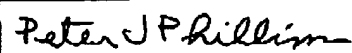
\$790.00

\$450.00

| CLAIM FEE  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS<br>PRESENT | RATE   | ADD'L<br>CLAIM<br>FEE | RATE   | ADD'L<br>CLAIM<br>FEE |
|--|---|-------|---|----------------------------|--------|-----------------------|--------|-----------------------|
| TOTAL  |   | MINUS |   | =                          | x 25=  | \$                    | x 50=  | \$                    |
| INDEPENDENT  |   | MINUS |   | =                          | x 100= | \$                    | x 200= | \$                    |
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| Name (Print/Type)   | Peter J Phillips  |      |               |
| Signature   |  | Date | April 1, 2005 |

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